

County: Milwaukee
 SUNRISE CARE CENTER, INC.
 3540 SOUTH 43RD STREET
 MILWAUKEE 53220

Phone: (414) 541-1000
 Operated from 1/1 To 12/31 Days of Operation: 365
 Operate in Conjunction with Hospital? No
 Number of Beds Set Up and Staffed (12/31/03): 99
 Total Licensed Bed Capacity (12/31/03): 99
 Number of Residents on 12/31/03: 99

Ownership:
 Highest Level License:
 Operate in Conjunction with CBRF?
 Title 18 (Medicare) Certified?
 Title 19 (Medicaid) Certified?
 Average Daily Census:

Non-Profit Corporation
 Skilled
 No
 Yes
 Yes
 98

Facility ID: 8580

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Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		14.1
Supp. Home Care-Personal Care	No					1 - 4 Years		44.4
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	9.1	More Than 4 Years		30.3
Day Services	No	Mental Illness (Org./Psy)	18.2	65 - 74	11.1			----
Respite Care	No	Mental Illness (Other)	8.1	75 - 84	36.4			88.9
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	39.4	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	4.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	7.1		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	1.0		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	11.1	65 & Over	90.9	-----		
Transportation	No	Cerebrovascular	17.2		-----	RNs		9.1
Referral Service	No	Diabetes	7.1	Gender	%	LPNs		9.0
Other Services	No	Respiratory	2.0		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	28.3	Male	35.4	Aides, & Orderlies		
Mentally Ill	No		----	Female	64.6			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	20.0	147	0	0.0	0	1
Skilled Care	9	100.0	326	75	100.0	126	0	0.0	0	10	100.0	220	4	80.0	126	0	0.0	0	98
Intermediate	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0
Total	9	100.0		75	100.0		0	0.0		10	100.0		5	100.0		0	0.0	99	100.0

Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	8.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	0.0	68.7	31.3	99
Other Nursing Homes	4.2	Dressing	5.1	72.7	22.2	99
Acute Care Hospitals	87.5	Transferring	18.2	53.5	28.3	99
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	12.1	54.5	33.3	99
Rehabilitation Hospitals	0.0	Eating	53.5	32.3	14.1	99
Other Locations	0.0	*****				
Total Number of Admissions	48	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	10.1		Receiving Respiratory Care	8.1
Private Home/No Home Health	0.0	Occ/Freq. Incontinent of Bladder	53.5		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	4.3	Occ/Freq. Incontinent of Bowel	31.3		Receiving Suctioning	0.0
Other Nursing Homes	4.3				Receiving Ostomy Care	0.0
Acute Care Hospitals	27.7	Mobility			Receiving Tube Feeding	5.1
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	0.0		Receiving Mechanically Altered Diets	29.3
Rehabilitation Hospitals	0.0					
Other Locations	6.4	Skin Care			Other Resident Characteristics	
Deaths	57.4	With Pressure Sores	5.1		Have Advance Directives	84.8
Total Number of Discharges		With Rashes	13.1		Medications	
(Including Deaths)	47				Receiving Psychoactive Drugs	73.7

Selected Statistics: This Facility Compared to All Similar Milwaukee Metropolitan Area Facilities & Compared to All Facilities

	This Facility %	Ownership: Nonprofit %	Peer Group Ratio	Bed Size: 50-99 %	Peer Group Ratio	Licensure: Skilled %	Peer Group Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	99.0	87.9	1.13	88.1	1.12	86.6	1.14	87.4	1.13
Current Residents from In-County	100	87.5	1.14	88.7	1.13	84.5	1.18	76.7	1.30
Admissions from In-County, Still Residing	52.1	22.9	2.27	20.6	2.53	20.3	2.57	19.6	2.65
Admissions/Average Daily Census	49.0	144.5	0.34	189.9	0.26	157.3	0.31	141.3	0.35
Discharges/Average Daily Census	48.0	147.5	0.33	189.2	0.25	159.9	0.30	142.5	0.34
Discharges To Private Residence/Average Daily Census	2.0	49.7	0.04	75.8	0.03	60.3	0.03	61.6	0.03
Residents Receiving Skilled Care	100	93.9	1.06	94.9	1.05	93.5	1.07	88.1	1.14
Residents Aged 65 and Older	90.9	97.1	0.94	91.0	1.00	90.8	1.00	87.8	1.04
Title 19 (Medicaid) Funded Residents	75.8	50.3	1.51	48.6	1.56	58.2	1.30	65.9	1.15
Private Pay Funded Residents	10.1	34.6	0.29	30.8	0.33	23.4	0.43	21.0	0.48
Developmentally Disabled Residents	0.0	0.6	0.00	0.4	0.00	0.8	0.00	6.5	0.00
Mentally Ill Residents	26.3	35.5	0.74	31.3	0.84	33.5	0.78	33.6	0.78
General Medical Service Residents	28.3	23.0	1.23	24.1	1.17	21.4	1.32	20.6	1.38
Impaired ADL (Mean)	54.1	51.9	1.04	48.8	1.11	51.8	1.04	49.4	1.10
Psychological Problems	73.7	62.2	1.19	61.9	1.19	60.6	1.22	57.4	1.29
Nursing Care Required (Mean)	7.6	7.2	1.05	6.8	1.11	7.3	1.04	7.3	1.03